



# ARIZONA DEPARTMENT OF REAL ESTATE

## UNLICENSED ACTIVITY STATEMENT

A.A.C.R4-28-303 (a), (b), & (c)

FORM LI-555

*Complete this form if you are submitting a late renewal application or if you have conducted activities requiring a current and active license while not properly licensed pursuant to A.A.C. R4-28-303.*

Did you, after your license expired, conduct any activities requiring a license? ☐ Yes ☐ No

Did you conduct any activities requiring a license while your license was on inactive status? ☐ Yes ☐ No

Did the activity result in any offers or contracts to sell, lease, list or manage real estate property, cemetery property or membership camping contracts? ☐ Yes ☐ No

**NOTE:** *If you answered "yes" to any of these questions, please provide a written and detailed statement on a separate piece of paper.*

### PLEASE COMPLETE THE FOLLOWING INFORMATION:

Agent/Broker name (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_

License number \_\_\_\_\_ Expiration month and year \_\_\_\_\_

Employer (ENTITY NAME) \_\_\_\_\_

Name of designated broker (SOLE PROPRIETOR) \_\_\_\_\_

Date you filed your renewal application \_\_\_\_\_

Entity / DBA name \_\_\_\_\_

License number \_\_\_\_\_ Expiration month and year \_\_\_\_\_

Business address \_\_\_\_\_

**I DECLARE THAT THE INFORMATION THAT I HAVE PROVIDED IS COMPLETE AS WELL AS TRUE AND CORRECT:**

\_\_\_\_\_  
Printed Name of Applicant

**X**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Persons with disabilities who need this document in an alternate format should contact Business Services at 602.468.1414, ext. 160, or [IADA@re.state.az.us](mailto:IADA@re.state.az.us), to make their needs known.